

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*09-707510*

APPLICANT(S)

FILING DATE  
*11-07-00*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5	/						55							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	22						TOTAL DEP.							
TOTAL CLAIMS	24						TOTAL CLAIMS							